RECEIVED FEC MAIL CENTER 2015 SEP 30 AM 11: 45

[0]0 02.
Committee Name:
Let's Trump Politics
If registered, FEC ID:
Today's Date:
09-24-2015
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Re: Form 1, Statement of Organization—Unlimited Contributions
To Whom It May Concern:
This committee intends to make independent expenditures, and consistent with
the U.S. Court of Appeals for the District of Columbia Circuit decision in
SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This
committee will not use those funds to make contributions, whether direct, in-kind,
or via coordinated communications, to federal candidates or committees.
Respectfully submitted,

Treasurer

Thallay

Treasurer's Name:
Thomas Cooper

2045 · 00 · MO · 0M · 000245008

FEC FORM 1

STATEMENT OF **ORGANIZATION**

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NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Lieiti'isi Tirinimi	pr Prodititions			
ADDRESS (number and street)	[9,1,1, 5,., 8,7,	<u> </u>		
(Check if address is changed)			 	
	CITYA		[I_L] [6_0,5,1,5]-[ك
COMMITTEE'S E-MAIL ADDRES	SS .			
(Check if address is changed)	Optional Second E-Mail Addr	•	t i C S · O C S	
COMMITTEE'S WEB PAGE ADD (Check if address is changed)	DRESS (URL)	وا الجائزة المال	ı cıg ı ı + 1 1 1 1 1 1 1 1 1 1	
2. DATE 0 4 2	H 20 1 5			
3. FEC IDENTIFICATION NU	IMBER ▶ C			
4. IS THIS STATEMENT X	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	is Statement and to the best of	f my knowledge and belief it	is true, correct and complete.	
Type or Print Name of Treasurer	Thomas Coope	ir .		
Signature of Treasurer	The long		Date 0 9 2 1 201	y 5
NOTE: Submission of false, errone	ous, or incomplete information m		this Statement to the penalties of 52 U.S.C. §3 WITHIN 10 DAYS.	30109
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	FFL FLIMINI	_

FEC F	orm 1 (Revised 02/2009)					Page 2
	COMMITTEE te Committee:				=	
(a)	This committee is a princi	pal campaign com	ımittee. (Compl	ete the candidate info	ormation below.)
(b)	This committee is an auth information below.)	orized committee,	and is NOT a	principal campaign c	ommittee. (Com	plete the candidate
Name of Candidate		. 1 1 1 1 1 1	_ <u> </u>	· . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1		
Candidate Party Affilia	ation	Office Sought:	House	Senate	President	State
	-					District
(c)	This committee supports/o	pposes only one	candidate, and	is NOT an authorize	d committee.	
Name of Candidate						
Party Co	mmittee:					
(d) ·	This committee is a	•	ational, State subordinate) co	mmittee of the		(Democratic, Republican, etc.) Party.
Political	Action Committee (PAC	;):				
(e)	This committee is a separ	ate segregated fu	nd. (Identify cor	nnected organization o	on line 6.) Its cor	nnected organization is a
	Corporation		Corpora	tion w/o Capital Stoo	k	Labor Organization
	Membership Orga	nization	Trade A	ssociation		Cooperative
	In addition,	this committee is	a Lobbyist/Regi	strant PAC.		
(f) X	This committee supports/ocommittee. (i.e., nonconnection)		n one Federal	candidate, and is NO	T a separate se	egregated fund or party
	In addition, this cor	nmittee is a Lobbyi	ist/Registrant P.	AC.		
	In addition, this cor	nmittee is a Leade	rship PAC. (Ide	ntify sponsor on line 6	.)	
Joint Fur	ndraising Representativ	e:				
(g)	This committee collects cor committees/organizations,					
(h)	This committee collects cor committees/organizations, r					vo or more political
Co	mmittees Participating in J	oint Fundraiser				
1.	•			FEC ID num	ber C	·
2 .	,			FEC ID num	nber C	
3.				FEC ID num	nber C	
4.		-		FEC ID num	ber C	

	FEC FORM 1 (I	rage o
٧	Vrite or Type Committ	ee Name
6.	Name of Any Con	nected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
L		
L		
	Mailing Address	
		CITY STATE ZIP CODE
	Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spon
—- 7.	Custodian of Reco	rds: Identify by name, address (phone number optional) and position of the person in possession of commit
	Full Name	MONES DIALLIST (1010) BELL IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
	Mailing Address	19,1,1, S, F, T, A, V, e
		Lia 16151215]-
	Title or Position	CITY STATE ZIP CODE
	Riersipioni	Telephone number [21] - [41] - [511]
8.		name and address (phone number optional) of the treasurer of the committee; and the name and address on t (e.g., assistant treasurer).
	Full Name of Treasurer	1 hy of maist 10 1215 1 et 1 1 (1010 1 pier 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Mailing Address	19.1.1.1.5.16.7.1 Alve
		La brange III 605125- STATE ZIP CODE
	Title or Position	Telephone number $[\lambda_1, \gamma_1] - [\gamma_1, \gamma_2] - [\gamma_1, \gamma_2]$
1		

	evised 02/2009)		Page 4
Full Name of Designated Agent	OLWINS DIVILIENT TOTOLOGISTO	1 1 1 1 1	
Mailing Address	9111 S 8 1 A VIC		
	La 16 riainigier 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	[נונ] STATE	6,0,5,1,5)-
Title or Position			
Owner /101p	Telephone n	umber 2	1,7-4,1,5-9,1,1,5
Banks or Other Depos safety deposit boxes or Name of Bank, Deposit		nittee deposits (funds, holds accounts, rents
1910	ayiPialli Hollidiinigis,, I Inici I	11111	
Mailing Address	[2,2,1, North Firest 15)	ririeiviti	111111
•		1111	1 1 1 1 1 1 1 1 1
	Siain Jioisiei	CIA	951311-
	CITY	STATE	ZIP CODE
Name of Bank, Deposit	ory, etc.		
Name of Bank, Deposit	ory, etc.		
Name of Bank, Deposit	ory, etc.		!
· <u></u>	ory, etc.		
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HECEIVED MAIL CENTER

2015 SEP 30 AM 11: 45

EP14H July 2013 Outer Dimension: 10 x 5

* For International shipments, the maximum weight is 4 lbs.

(3/2015)

Federal Election Commission * ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Date of Receipt Postmarked USPS First Class Mail Postmarked (R/C) **USPS** Registered/Certified Postmarked USPS Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPARED